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ABSTRACT

This paper presents a study designed to develop a better understanding of the needs of minority families with preschool children in Idaho. The project had three aims: to determine the general needs of families, to find which services were known and utilized, and to identify services adequately meeting needs. Four minority populations were included in the study: Mexican Americans, Migrant, American Indian, and Black. A personal interview was conducted with each subject family utilizing a structured questionnaire. In assessing the need of minority families, six areas were considered: social environment (i.e. housing, income), educational attainment, language skills, health care, child care and nutrition. Analysis of the data revealed that: (1) general socioeconomic conditions of the minorities were below the general population of the state; (2) child care arrangements were generally made by utilizing an immediate family member or friend; (3) immunization data was difficult to assess; and (4) low consumption of fruits and vegetables by each group. The areas which warrant improvements include: migrant and Indian housing, family health care and immunization, child care facilities, nutrition information and a public assistance program which more adequately meets each family's needs. (Author/SDH)

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THE STATUS OF MINORITY CHILDREN IN IDAHO
1974

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This report is submitted as required to the

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION

and to

THE STATE ECONOMIC OPPORTUNITY OFFICE

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For you, Dorothy, we humbly present the last drop of our creativity.....

McNeill - McNeill
from Nampa to Boise you
did wheel.

With typewriter pinging, telephone
ringing and vouchers singing
you kept us on an even keel.

Your filing system
different than most
caused us at times to drink a toast.

From audit to audit, we did go
with definite assurance that you would know
where the money went
and how it was spent.

Our creativity is nil
we can no longer pay the bill
our project is over the hill.

McNeill - McNeill
from Boise to Nampa
you will gladly wheel
knowing we have finished the entire ordeal.

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INTRODUCTION

A child's health and development are determined by the interaction of his genetically determined biological makeup with a complex set of external factors most generally referred to as environment. A large and important part of the environmental factors are statistically associated with the occupation, education and income of a child's parents. Other factors such as belonging to an ethnic group defined by race, language, or national origin also play an important role in a child's development.

The Idaho Office of Child Development had recently conducted a state-wide survey of two percent of its families with preschool children. It was designed to assess the child's basic life style and to identify needs as well as services to adequately meet the needs. The findings of that survey were reported in the Idaho Office of Child Development's Volume II, "Status of Young Children in the State of Idaho, 1974".

The present survey was undertaken to gather data on the status of Idaho's minority children. The purpose of such a survey was to compare the status of children from families of racial and cultural minorities with children from the general population. The minority groups involved in this survey were the Mexican-Americans (both permanent residents of Idaho and migrant workers), American Indians and the Blacks. In assessing the need of young minority children the following areas were considered: social environment, (i.e. housing, income), educational attainment, language skills, health care, child care and nutrition.

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The first part of this report will briefly discuss general conditions of minority groups for the United States as a whole. The second part will deal with the findings of the Idaho survey during the summer of 1973. It is hoped that this material will be useful in helping to elucidate the needs of young minority children in Idaho.

Income and Housing

It is a well known fact that certain ethnic minority groups such as American Indians, Blacks and Chicanos have a much lower income than the white population. Personal income in most cases reflects to some degree the amount of training or education. The American Indian has only 33.3 percent of its population graduating from high school. Spanish surname people with a high school diploma represent 28.7 percent. Blacks have 31.4 percent with four years of high school or more, while the Anglo population has 54.5 percent. When comparing annual median income of U.S. families by race, the Anglo population has $2,884 more than the next highest median income of the above mentioned minorites.

TABLE I

Median Income of All U.S. Families for Rural and Urban Areas by Race, 1970

Race	Total	Urban	Rural Non-farm	Rural Farm
Anglo	$9,961	$10,629	$8,542	$7,534
Black	6,063	6,578	4,027	3,197
Spanish-Surname	7,077	7,393	5,243	5,023
American Indian	5,832	7,323	4,691	4,319

Since the median point represents the middle point, most of those below the median are already close to or in poverty. Taking into account the number

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of children, place of residence and other factors that determine poverty, we can assume that a larger percent of minorities will fall into that category. The table below compiled from the 1970 Census data tends to support that hypothesis.

TABLE 2

Percent of all U.S. Families with Income Less than Poverty for Rural and Urban Areas by Race, 1970

Race	Total	Urban	Rural Non-farm	Rural Farm
Anglo	8.6	6.9	12.5	14.0
Black	29.9	26.0	49.3	52.4
Spanish-surname	23.4	21.3	37.6	31.1
American Indian	33.3	21.0	45.2	40.9

Although there are more Anglo children living in poverty (nine million, 1965) than minorities (six million) by total numbers alone, the majority of minority children live in poverty. Fifty-nine percent of the minority children under 18 years of age live in poverty as compared to 15 percent of the Anglo children. Since the Anglo population is eight times as large as the minority the 15 percent does yield a larger total number. But looking at it proportionally a minority child is four times more likely to live in poverty (Aldrich, 1970).

Minority groups also tend to have larger families than Anglo families. The median size of Spanish-surname families is 5.04; Blacks, 4.66; Indians, 5.04 and Anglos at 3.57 for families below the poverty level. The rural families are usually larger than their urban counterparts. For example, Spanish-surname families living in rural farm areas have a median size of 5.43 as compared to 4.94 for urban families (1970 Census).

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Housing conditions reflect the income levels of residents. Minority groups again have figures that are highest in density and housing without complete plumbing or bathroom facilities. The 1970 Census density figures for Anglos in metropolitan and non-metropolitan residences with 1.51 or more persons per room is 1.37 percent. The same density figures for Blacks is 6.9 percent, American Indians, 17.4 percent and Spanish-surname, 12.6 percent. Incomplete bathroom facilities are prevalent in 4.25 percent of Anglo households while the Blacks have 17.6 percent, Indians, 28 percent and Spanish-surname 10.3 percent. Percentages for rural non-farm and rural farm are again much higher than the urban area. Rural farm Blacks have 69.4 percent of their homes without complete bathroom facilities while Indians have 54 percent and Spanish-surname, 23 percent.

Education

When education and minority groups are discussed they are usually compared to the Anglo population. Since American education is determined by the values and mores of the white middle class population it is not surprising that minority students when compared to Anglo standards are usually behind their Anglo peers. Those individuals and groups that more closely resemble or assimilate the values and mores of the white middle class are more likely to succeed in the American school system.

One part of a study, "Equality of Educational Opportunity," by James Coleman in 1965 measured ethnic subgroups with the Anglo majority in reading, math achievement and verbal abilities. The results in Table 3 show the degree of grade differences. As the child advances in grade years so does the spread in difference between the minority and the Anglo student.

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For example, the Black student in the sixth grade was 1.9 grade years below the Anglo student in Math achievement. In the ninth grade he was 2.5 years behind and by the twelfth grade he was 4.3 years behind the Anglo student.

TABLE 3

Grade Level and Differences Between Minority and Anglo Students

Minority Group	Grade	Grade Levels Behind White Students of Non-Metropolitan Areas		
		Verbal Ability	Reading Achievement	Math Achievement
Indian	6	1.3	1.8	1.8
Mexican-American	6	1.6	2.2	1.7
Black	6	1.5	1.8	1.9
Indian	9	1.4	1.9	2.1
Mexican-American	9	1.6	2.2	2.3
Black	9	1.9	2.6	2.5
Indian	12	2.5	2.6	3.0
[illegible]ican-American	12	2.5	2.6	3.2
[illegible]ck	12	2.8	2.8	4.3

Idaho, like other states, has the problem of minority groups leaving school. The Idaho Census for 1970 shows the median school years for persons 25 years of age and older at 12.3 for Anglos, 12.1 for Blacks and 8.9 for persons of Spanish-surname.

In a report titled "Poverty in Idaho, 1973" by the Idaho State Economic Opportunity Office the problem of Indians dropping out of school was discussed. "The dropout problem begins much earlier than the freshman year for Indians. Though Indian graduates (34) in 1968 represented 38.6 percent of those who were freshman (88) in 1964, they represented only 28.4 percent of the 119 who entered the first grade in 1956. Using those figures, less than 29

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percent of these first graders finished high school with their class. More disturbing is the fact that this rate has remained constant since 1958 among Indian children while the State rate has declined by almost 100 percent. If we look at Indian children of school age (6-17) nationally, 9.1 percent or 20,000 are not in any type of public or private school (Fuch and Havighurst, 1972).

A recent study concerned with the Mexican-American population and achievement (Gordon, 1968) found that home related factors contributed to both Anglo and Mexican-American school performance. Gordon showed such factors as "parental aspirations for pupil's educational attainment" and the attitudes and values of the pupils which may be acculturation to middle class orientations were strongly related to achievement. He also found that the use of English in the home and the family's educational level was more important than the family's economic level.

Minority groups will continue to do poorly in a system that emphasizes one culture or one set of acceptable objectives. Without adapting and changing the education system to meet the needs of minority students and to develop more effective techniques by incorporating values that are held by these students, we will educate them to nothing but failure.

Health

Children that are born into different cultural, social or economic circumstances in this nation do not receive the same amount of medical or dental attention. Medical care as reflected by physician visits is closely related to the educational level and income of the head of the

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family - especially for those families that have children under five years of age.

Even with these problems, the health of infants in our society has improved over the past several decades. In the early years of this century over-all infant mortality rates were over 140 per 1,000 live births. The rate dropped rapidly until the recent decade when mortality plateaued around 24 per 1,000 live births (Richmond, 1970).

A major difference exists between mortality figures in the non-Anglo as compared to the Anglo population. The mortality rates for minority infants between one month and one year are triple that of Anglos. The over-all perinatal mortality rate has decreased during the last 30 years but the rate is consistently higher for minorities. Although infectious diseases have declined as major killers of Anglo children, they are still a significant factor for the minority population. Our efforts on prevention have had the results expected on the more affluent families - it is the low income and poorly educated groups that are still being somewhat plagued by infectious diseases.

It is important to note that approximately one quarter of the nation's children live in poverty. The minority population is four times as likely to be raised in economic deprivation. Those persons living in poverty are more likely to suffer from malnutrition even though it cuts across all economic and educational levels to some degree. It has been observed that between 30 and 70 percent of the children in poverty areas suffer some degree of iron deficiency anemia (Hunger, U.S.A., 1968). The younger the child, the greater the problems resulting from malnutrition. During the first five years of life it constitutes a danger not only to the individual

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child but society as well when a significant proportion of our population is malnourished.

Dental care for children who live in poverty is less likely than those children from more affluent families. In a 1966 (Project Head Start) program it was found that only one in four children examined had ever been to a dentist. Depending on whether or not their drinking water was fluoridated, 40 to 90 percent examined had dental caries. Severe caries were also associated with a high frequency of absence from school and poor academic achievement (North, 1967).

These people, the low income, poorly educated and usually minorities who have the greatest risks and greatest needs, are not receiving even a mediocre level of dental or medical care. Mal-distributions of services and income, family disruptions, urban migration and lack of preventive programs in health services are all major problems that prevent minorities from receiving the adequate services that affluent Americans enjoy.

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METHODOLOGY

It has been estimated (Table I, Appendix) that there are 3,036 families belonging to minority groups who have children under the age of six in the State of Idaho. A 2.0 percent sample was drawn from this population resulting in 63 families being contacted and taking part in the survey. Of these, 31 were Mexican-American families who permanently resided in Idaho, 19 were classified as migrant, ten American Indian families and three were Black families. Fifteen counties were selected (Fig. 1, Appendix) in locating the families to be interviewed.

Due to numerous limitations placed on using standard sampling techniques (e.g. telephone numbers or area sampling) with this population, as well as a time limitation placed on the survey, it was decided to use another method of locating the sample. Census figures on county location of the Black, Mexican-American and American Indian populations were used. The Idaho Department of Employment was contacted to identify the location of the migrant camps in the various counties. Local sources such as migrant camp directors, Head Start personnel, priests, Idaho Migrant Council and the Child Development Centers were contacted to help supply a list of families who had children under the age of six years, from which a random selection was made.

A structured questionnaire was developed to record the data. The questionnaire was put together after reviewing other research that had been done both in Idaho and other states. In order to gather the nutritional data desired it was elected to utilize the 24-hour recall due to the time limitation in computing the results.

A personal home interview was selected as the best interviewing technique to use for this survey. The only limitation to this technique was with the Spanish speaking population as the interviewer could not speak Spanish

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fluently. However, a copy of the questionnaire had been prepared in Spanish and a translator was used wherever needed. The translators included other members of the family, friends or neighbors. It was felt that there was some loss of information and meaning due to this language barrier, and some of the results should be viewed with this in mind. There was also another limitation even in English. Some of the questions had to be reinterpreted using synonyms which might have elicited different responses.

RESULTS (BACKGROUNDS)

Mexican-American

In trying to assess the needs of the child one must take an overall look at the lifestyle of his family and the environment he lives in. The first group to be considered are those Mexican-Americans who have resided in Idaho for at least one year and are considered permanent residents of the State. The Mexican-American population with permanent residence status is the largest minority in Idaho (Table I). In the 31 families interviewed there were 28 with both husband and wife present and three female heads of household.

The age distribution for both males and females was higher than the Anglo population, with a median age for males being 33 years and 27 years for the average female.

The largest percent of Mexican-Americans, 42 percent, had less than a sixth grade education and 38 percent had between a ninth and eleventh grade education. The median number of years for both male and female was the eighth grade (Table IV). It must be noted at this point that some of the parents received some or all of their education in Mexico. No attempt was made to determine its equivalency to American education.

The median income level for the permanent Mexican American was found

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to be $4,500 as compared to a median level of $9,090 for the Anglo population. However, 24 percent of the Mexican-Americans have incomes between $2,000 - $2,999. Only eight percent of the total population of minorities had a median income over $7,000, whereas in the Anglo population 38 percent earned over $7,000.

Nearly half of the heads of household were engaged in a blue collar occupation, while 13 percent were unemployed. The median number of months employed out of the year was 8.5.

The average number of people per family appears to be six individuals with most families having two children under the age of six years.

Spanish was considered the primary language by 84 percent of the families interviewed with an average household having two-thirds of its members able to speak English fluently.

Over half of the families were renting their homes while the rest were either buying their own home or were living with a relative. Overcrowding did not appear to be as serious a problem with this group as it was with the migrants since the majority live in homes with a density less than 1.5 person per room.

Migrants

The term migrant was defined as a special group of whom at least one of the family was of Mexican-American descent and whose permanent residence was outside of Idaho. However, they migrated to Idaho and other states during the seasonal months and worked primarily as farm laborers.

The migrant moves his family, which varies from 3 to 15 people (Table II), to one of the various migrant camps located in Idaho. These families have an average of two children under the age of six years and usually two children between the ages of 7 to 18 years. This minority group's median age for the male is 37 years and for the female the median age is 31 years.

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The migrant population had the lowest educational level of all the minority groups. Over half of the parents interviewed had less than a sixth grade education. This factor reduces the types of occupation available. Maybe this was why 84 percent were classified as farm workers and 16 percent as blue collar workers (Table V).

Of all the minority groups the migrants have the lowest median number of months employed in Idaho - six months out of the year (Table VI).

Income is a factor related to both education and work patterns. The migrant's median income level being $3,083 is not a surprising figure considering the limitations due to educational attainment and occupation.

Spanish was the primary language of nearly 90 percent of all migrant families, while over half of the members of an average household spoke English fluently.

Overcrowding and substandard housing were two factors that the average migrant lived with. The density factor for this group is very high - the highest being over 6.01. Overcrowding and unsanitary conditions were more prevalent in this group than any other. While in Idaho, 95 percent of the migrants rent with the other five percent having their housing furnished with the job. Rent prices varied from under $25 to over $75 per month depending on the individual camp. The majority lived in detached apartment type units (Table VII).

American Indian

The Indian population was another minority group selected to be included in the survey. This group makes up .9 percent of the population of Idaho. Of this number it was estimated that there were 438 families having children under the age of six years (Table I). Ten families in this group were estimated to represent a 2.0 percent sample. All of the Indians surveyed were selected from the four major reservations in Idaho.

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In an average Indian family the median age of the parents was 28 years for the males and 24 for the females (Table IV).

The Indians had the highest education level with the median being ten years for both sexes.

The total number of people in the Indian families surveyed varied from 3 to 13. None of these families had more than three preschoolers (Table II) but may have had up to seven children between the ages of 7 and 18.

The majority (70 percent) of the Indian household heads are blue collar workers. The median number of months employed was 12 which was higher than any of the other populations (Table VI). Both of these factors are shown in the distribution of income with the median being $4,666. A high density factor does not seem to be much of a problem for the Indian population. Over 70 percent own their homes. This is to be expected since most of them live on the reservations. Even though 30 percent rent, all families surveyed lived in detached single family homes or trailer type structures.

Black

The last minority group studied was the Black population. In Idaho the Black population is the smallest minority group. The largest concentration of the Black population is in Ada, Bannock and Elmore counties.

Of the three Black households surveyed all were headed by women. However, according to census figures only 16 percent of Black families are single parent households. Therefore, this data does not adequately represent the Black population in Idaho.

The age distribution of the parents showed a wide range. One reason being that one of the families surveyed was a grandmother raising her grandchild (Table IV).

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All of the families interviewed tended to have small families, including both preschoolers and children between the ages of 7-18 years.

Occupations for this group tended to be a housewife. One woman was listed as a service worker. A median number of months employed was 2.5 for this minority group.

Income in this category included payments from public assistance, aid to dependent children and other public welfare assistance. Median income for the group was $3,250. All of the families lived in detached single family homes but did not own them.

Trying to draw any concrete conclusions concerning this group would be difficult because of its size and lack of appropriate sample.

RESULTS (RELEVANT FACTORS)

Now that a background has been established for each of these groups, a comparison can be made of those areas that show a need and an estimation of intensity for different groups.

Housing

One important area of a person's environment is the structure he lives in. A density factor was used to assess housing conditions. Density factor used here means a measurement of the number of people per room. Density figures for the minority groups as a whole were extremely high. Over 27 percent of the minority population lived in housing with a density ranging from 2.0 to 6.0 while only .3 percent of the larger population of Anglos lived in structures with a density figure over 2.0. The largest group that made up this high density figure was migrants (Table VII). Not only was overcrowding a problem but substandard housing was also prevalent. Inadequate plumbing and kitchen facilities were found in only .6 percent of the Anglo dwellings. In the

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case of the minority population, 28 percent had inadequate plumbing and 20 percent had inadequate kitchen families.

The migrant population was the group most responsible for these high figures although the other groups were not exempt from these conditions. A wide variation was found in the facilities available at the various camps. Of all the labor camps visited not one contained a unit larger than three rooms. Ten percent had no indoor plumbing and all that was available was one central water system and a community bathroom facility. In some camps there was no electricity and this was also true for the families surveyed on the Duck Valley Indian Reservation.

The survey revealed that 63 percent of the minority population in Idaho rent while only 33 percent (Table VII) own or were buying their own homes, as compared to 70 percent of the Anglos owning their homes. Rent varied from $25 and under to over $75 per month (Table VII). The type of structure the average Idaho minority family lived in was a detached family house.

Safety hazards seemed to be more prevalent among these minority groups than the Anglo population of the State. Safety hazards were defined as anything dangerous to the health, safety or welfare of a child. Included are such things as open water ditches or canals; busy streets and dangerous intersections; commercial or factory operations causing smog; or heavily congested roads. The findings revealed that 82 percent of the time neither a car seat nor a seat belt was used by the children (Table X).

Health Care

Illness affects children in a much more serious way than it does at any other age. A childhood disease such as measles may seriously affect a person for the rest of this life.

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Almost one-fourth of the minority families surveyed (24 percent) did not know where to go to get immunizations for their children. In the Idaho Anglo population only two percent did not know where to go.

With regard to the use and knowledge of family planning, 49 percent did not know where to go for this type of information (Table XI). In contrast only 17 percent of the Anglo population did not know where to go for family planning services.

In trying to find out what health care services are utilized most by this group it was found that the majority did have a family doctor. This included doctors in the community health clinics and public health departments. Thirty-two percent had to drive over ten miles to get to medical assistance (Table X).

Of all the types of health care services, 30 percent had at least one bilingual (English and Spanish) personnel. A similar study "Migrant Survey: Trasure Valley," was done in 1972 with migrants only. In this study 47 percent felt that language was a barrier. The Treasure Valley survey also went into the utilization and frequency of health care and asked in its survey, "Has there ever been a time when you wanted to seek medical care, but did not?" There was a 56 percent "yes" response to this question. A similar question on this survey was also asked, "Is there any reason why you don't take your children to see the doctor as often as you think you should?" There was a 44 percent "yes" response to this question. There may have been a limitation surrounding this question. The fact that the wording tended to elicit a positive response rather than a negative which tended to make them feel like they were inadequate parents. When they did answer that they didn't take their children to see the doctor as often as they wanted - one reason was the cost

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involved. They felt it was too high or else they simply could not afford it. The majority (74 percent) took them only when sick.

Data concerning the usage of a dentist and optometrist may seem high (Table X). Only children between the ages of 3 to 6 years of age who had seen the dentist and only those between 4 and 6 years for the optometrist or opthalmologist were surveyed. Included in these figures are visits made by a local county health nurse and semi-professionals to the local Head Start centers giving eye screenings and dental exams. Therefore this should not be taken to mean that all of these children had been seen by a professional.

Seventeen percent of the people surveyed were dissatisfied by the type of health care they had received. Reasons varied from discrimination to staff whom they felt were unqualified - 8 percent had been denied health services. The Treasure Valley study found that 17 percent had been refused medical care mainly from private doctors.

An important area of a child's health is his immunizations. After trying to get an accurate record concerning completion on the series of immunizations and shots it was found that any results would not portray an accurate picture of this area of health prevention. Many parents were not sure of what shots their children were supposed to have, let alone what age they were to receive them. There were no accurate records. A record was sometimes kept but because of the mobility of these people many of the shots were received in more than one office. Some may have had a shot from the doctor and another (maybe for the same immunization) at a Head Start program. There seemed to be no way to get an accurate picture of the completion of shots unless a record was kept and this was not usually the case.

The types and frequency of medical problems shown in Table VIII reflects the need for a more adequate system for obtaining immunizations. A reluctance to identify illnesses and some handicaps was present. Families were reluctant

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and unable to recall all illnesses that were present.

The number of handicaps were lower for the minority population (3.2 percent) than the Anglo's (11 percent). The interviewer noted more handicaps but these were not recorded because they were prevalent in older children (over six years of age).

Of all the women surveyed nine out of sixty-three (14 percent) had at one time had a miscarriage.

Public Service Agencies

Another related area is one concerning the knowledge and utilization of public service agencies. Welfare services tended to be the most widely used, encompassing 44 percent of the population surveyed. But a large number (46 percent) were dissatisified with these services in one capacity or another. One of the main complaints was that the amount of aid was not sufficient for their needs. This included public assistance and food stamps.

Parental knowledge of services for preschoolers varied considerably among minority families. Head Start is one of the services utilized most by the minority groups where it is available, and was in high demand from the parents when asked concerning services they would like to see available. Head Start is sponsored by three different agencies, Idaho's Head Start and two separate Federally funded Head Starts through the Idaho Migrant Council and the other through the Indian Head Start. Some in the survey responded that they knew of no services available to them.

When asked what services the respondent would like to see available in their community, public day care was preferred over the other services.

It appears that the minority population is the most isolate group concerning both knowledge and use of available public health care services.

Child Care

When an average home in Idaho needs child care, they will hire a sitter

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from outside the home 34 percent of the time, while an average minority household will use a relative or friend living with the family. These figures vary when the types of need vary. Grandparents, uncles and aunts are most frequently used in taking care of the children.

Table XIII reveals that 34 percent of the working parents either take their children with them or leave them home to take care of themselves while the parents work. As cited earlier, public day care was the one service mentioned most often by parents when commenting on services most needed in their communities.

Developmental Assessment

With so many areas (housing, health, nutrition) affecting the environment the child grows up in, it was important to assess his developmental efficiencies and deficiencies. A developmental assessment was given to at least one or two children in each family. All minorities seemed to have no major problems concerning their social development. However, informational development or general knowledge (e.g. being able to name 20 common objects at a certain age level) seemed to be lagging. Thirteen percent of the minority children were lagging in this developmental area in contrast to 2.5 percent of the general population. Language development showed the highest number (24 percent) of the children below their age level. This included some children from each minority group. The Mexican-American population had the highest number of those lagging in language. This may be due to the fact that their parents consider Spanish their primary language and it is used in the home as well as English. The evaluation instrument was developed and normatively based upon the English speaking population, hence its conversion to Spanish confounds the results with cross cultural bias. With this fact in mind, it would be

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impossible to consider this assessment culture-free. Language may tend to present a biased picture. Some children could not count as far in English as they could in Spanish which is why any evaluation of this type should be viewed with those limitations in mind.

Nutrition

Nutritional data was gathered using the 24-hour recall method. Data was recorded for at least one child from each family. Food items eaten were placed in the following categories: (Table XIV) milk, protein-rich breads and cereals, fruits, vegetables and miscellaneous (kool-aid, candy milk shakes). Of a total of 114 children, 83 percent were receiving milk in their diets. The Mexican-American migrants showed 79 percent usage while the Indians showed the lowest usage of milk at 70 percent.

Eggs, beans and beef are the most frequently used protein foods. Nearly 98 percent of all the children were receiving protein in their diets. Potatoes and white bread were the two most widely used in the bread and cereal category. There was a 95 percent usage concerning this type of food. The migrant population had the lowest percentage use of breads and cereals at 89 percent. Out of 114 children only 38 percent were receiving some kind of fruit. Here again the migrant population showed the lowest at 26 percent. Of the relatively few fruits in the diets, orange juice seemed to be the most widely used. Intake of vegetables was low among all groups at 57 percent. The migrants were especially low in vegetable intake with only 37 percent including vegetables in their diets. Tomatoes were most widely used since they were included in many of the Spanish dishes. Another category was added after analyzing the data. This miscellaneous category which included all sweets showed that the minorities diet was made up of a lot of kool-aid, cake and candy.

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Seven percent of the families interviewed did not know what their children were eating while away from home at a day care or Head Start. Of the 114 children only 13 (22 percent) were taking vitamins. The majority of these children who were taking supplements were using multi-vitamins which did not include iron.

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Conclusions

Minorities pay more for their housing in that renting is more expensive than buying after a period of years. They also are subject to overcrowding and a moderate percentage live in housing that is substandard. Housing conditions for the migrant population appear to be the worst in the State. Any attempted improvements in migrant housing over the last decade have not been effective.

Minorities as a whole have less education than the general population. In some of these ethnic groups (Indian and migrant) education is not highly valued. As is the case of the migrant population, schooling comes second to work. This reflects on their occupation as well as their income. One's income level in turn affects his ability to pay for health care, food and clothing, child care, and other daily needs.

All four minorities have a larger than average number of children per family than the Anglo population of the State. Yet the knowledge of services such as family planning was very small. The number reporting that they did not want or need such services though, was low. This is one area of need that should be and could be dealt with.

Almost one-third have to drive over 10 miles to receive medical assistance. The Mexican-American population felt that there was a language barrier when trying to explain their illnesses or to understand what was being said to them. There is a need for a comprehensive program concerning immunizations. A large number of these children are not receiving their shots.

One out of seven women surveyed has had a miscarriage. This may indicate that they are not receiving enough medical care during pregnancies as well as for the children not seeing a doctor as often as needed.

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Head Start was the most widely used day care facility by the minorities. In the interviewers opinion this program benefits a child's educational, social, and nutritional needs more than any other day care programs. Some type of public assistance was also frequently used.

A developmental assessment was given to 87 chidlren. Results showed that their language skills as well as their informational skills were somewhat behind. This test did have its limitations.

Nutritional data was gathered concerning the daily diet of the child. There are two types of foods, vegetables and fruits, that were shown to be lacking in their diets. This fact seems rather ironic considering most of the Mexican-American population are engaged in some sort of contact with these types of food in their work. Vitamin supplements are not widely used among these groups either. It also appears that attempts at providing nutritional services to these populations have not been effective or are not being provided at all. This was evidenced by the number of families who had no knowledge of the foods their children were eating while away from home (usually at a Head Start Center).

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RECOMMENDATIONS

In order to promote the health and welfare of the minority children in Idaho the following recommendations are made:

-1. It is recommended that an assessment or investigation be made concerning the overcrowded and unsanitary housing conditions present in the migrant camps and that improvements be carried out.

-2. It is recommended that a more effective program or revision of services currently being provided by Family Planning be implemented.

-3. It is recommended that current laws forbidding discrimination in the provision of health services and job opportunities be better enforced.

-4. It is recommended that the current Community Health Clinics be more widely available throughout the State. The Public Health Departments and the Idaho Migrant Council services should be expanded. These services are extensively used and should continue to be supported.

-5. It is recommended that a comprehensive program be developed to provide adequate services for immunizations of the children of the State.

-6. It is recommended that the current Head Start programs be expanded to accomodate those who would benefit most from their services...the children. The I.M.C. and Indian Head Starts should be included here. These should all continue to be funded and expanded to meet the needs of all the people desiring such services.

-7. It is recommended that a statewide effort be made to provide nutrition information to those desiring or needing such services. This could be in the form of both a public awareness campaign as well as individual counseling.

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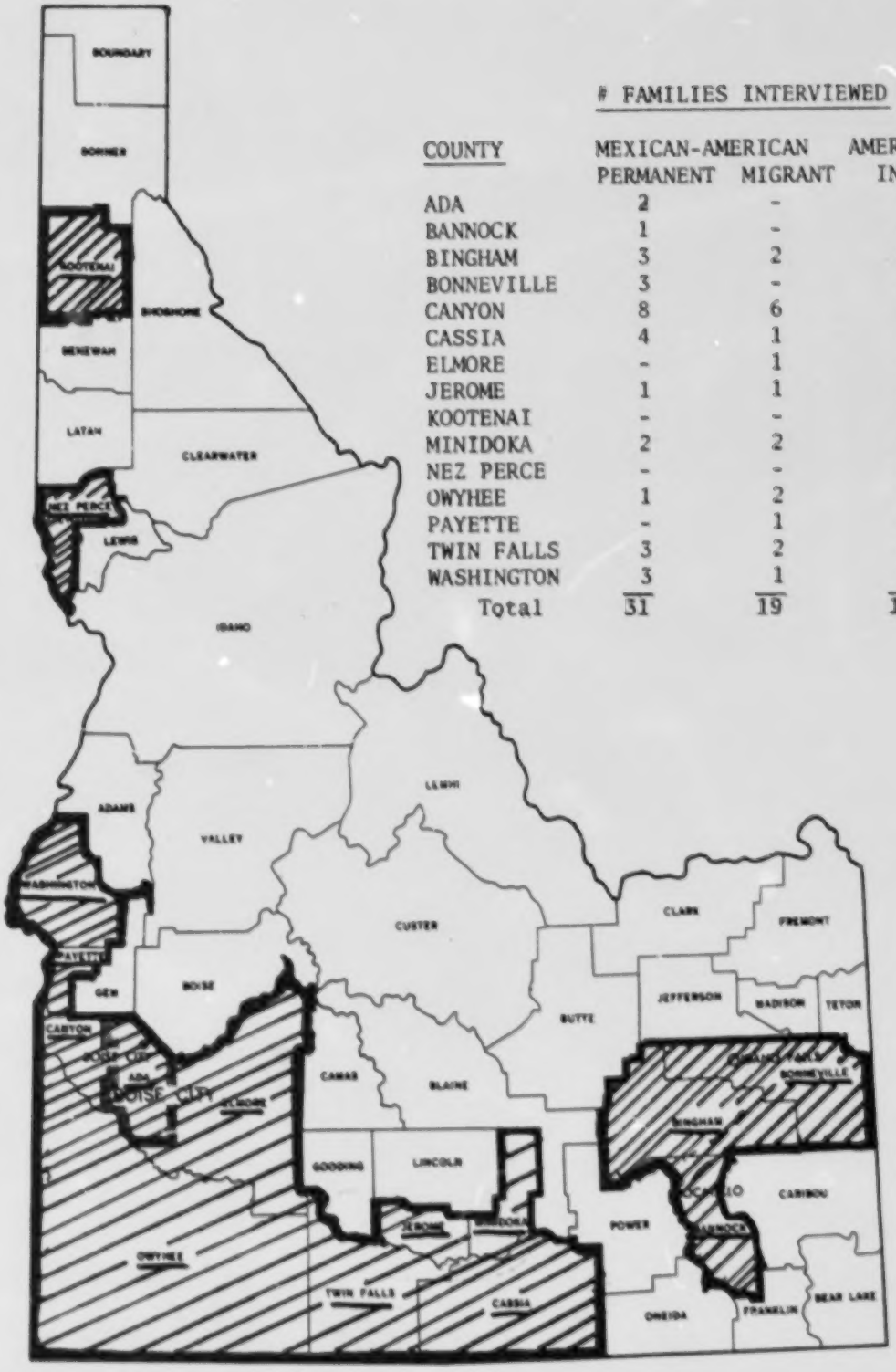

FAMILIES INTERVIEWED

COUNTY	MEXICAN-AMERICAN PERMANENT	MEXICAN-AMERICAN MIGRANT	AMERICAN INDIAN	BLACK
ADA	2	-	-	1
BANNOCK	1	-	-	2
BINGHAM	3	2	4	-
BONNEVILLE	3	-	-	-
CANYON	8	6	-	-
CASSIA	4	1	-	-
ELMORE	-	1	-	-
JEROME	1	1	-	-
KOOTENAI	-	-	2	-
MINIDOKA	2	2	-	-
NEZ PERCE	-	-	2	-
OWYHEE	1	2	2	-
PAYETTE	-	1	-	-
TWIN FALLS	3	2	-	-
WASHINGTON	3	1	-	-
Total	31	19	10	3

Figure 1. Distribution of Minority Families Interviewed. Idaho, 1973

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TABLE I

Approximate Percentage of Idaho's Population Who are Members of a Minority Group and Their Distribution by County, 1970.....

County	Mexican-American		Indian[b]	Black[b]
	Permanent[a]	Migrant[a]		
ADA	1,102	-	284	303
ADAMS	-	-	12	-
BANNOCK	525	12	718	487
BEAR LAKE	25	-	59	3
BENEWAH	-	-	260	10
BINGHAM	288	138	1,678	9
BLAINE	60	-	8	1
BOISE	-	-	19	-
BONNER	20	-	66	1
BONNEVILLE	349	24	200	128
BOUNDARY	-	-	63	3
BUTTE	-	-	14	-
CAMAS	-	-	2	-
CANYON	2,832	1,938	190	91
CARIBOU	5	-	35	1
CASSIA	1,720	180	147	7
CLARK	-	-	7	-
CLEARWATER	10	-	132	6
CUSTER	-	-	14	-
ELMORE	125	228	87	675
FRANKLIN	45	-	30	-
FREMONT	70	12	67	4
GEM	150	-	28	10
GOODING	135	72	29	2
IDAHO	43	-	196	152
JEFFERSON	111	-	164	3
JEROME	93	222	20	-
KOOTENAI	35	-	188	13
LATAH	33	-	69	36
LEMHI	-	-	39	-
LEWIS	-	-	94	3
LINCOLN	50	-	16	-
MADISON	20	6	42	3
MINIDOKA	1,545	750	85	19
NEZ PERCE	70	-	880	21
ONEIDA	5	-	4	-
OWYHEE	198	528	187	113
PAYETTE	53	18	50	-
POWER	25	264	208	1
SHOSHONE	87	-	162	2
TETON	5	-	8	-
TWIN FALLS	524	570	85	19
VALLEY	-	-	13	-
WASHINGTON	631	162	28	3
TOTAL	10,988	5,124	6,687	2,130
Percent of Total Population	1.5%	.7%	.9%	.3%
No. Families with own children under six	1,638[b]	854[c]	438[c]	106[b]

SOURCE: a - Department of Employment (estimates)
b - U.S. Census, 1970
c - Office of Child Development, Idaho (estimates)

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TABLE II

General Characteristics of Minority Households with Children Under the Age of Six.
Idaho 1973

			Mexican-American		American	
	Total	Percent	Permanent	Migrant	Indian	Black
Number of Families Interviewed	63	100%	31	19	10	3
Families with Female head	10	16%	3	2	2	3
Families with both male and female present	53	84%	28	17	8	-
Total number of people per household						
3	8	13%	2	2	2	2
4	13	21%	8	2	2	-
5	7	11%	2	2	3	-
6	11	17%	8	3	-	-
7	8	12%	5	3	-	-
8	5	8%	3	2	-	-
9	2	3%	1	-	1	-
10	4	6%	1	2	1	-
11	1	2%	1	-	-	-
12	1	2%	-	1	-	-
13	2	3%	-	1	1	-
14	-	-	-	-	-	-
15	1	2%	-	1	-	-
Median Number per Household	4.8		5.4	6.3	4.3	3.0
Total # six years and under per family						
1	22	34%	10	7	3	2
2	28	44%	15	7	5	1
3	7	11%	3	2	2	-
4	5	8%	3	2	-	-
5	1	2%	-	1	-	-
Median # per family	1.9		1.9	2.1	1.9	1.0

continued....

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TABLE II
(continued)

	Total	Percent	Mexican-American		American Indian	Black
			Permanent	Migrant		
Total # between 7-18 years in each family						
0	28	44%	17	5	5	1
1	7	11%	2	3	1	1
2	6	10%	2	2	1	1
3	7	11%	2	4	1	-
4	3	5%	2	-	1	-
5	4	6%	4	-	-	-
6	2	3%	1	1	-	-
7	5	8%	1	3	1	-
8	-	-	-	-	-	-
9	-	-	-	-	-	-
10	1	2%	-	1	-	-
Median # per family	.6		0.0	1.5	0.0	.5
Annual household income Less than $1,000	1	1%	1	-	-	-
1,000-1,999	5	8%	5	-	-	-
2,000-2,999	15	24%	3	9	2	1
3,000-3,999	12	19%	3	6	1	2
4,000-4,999	12	19%	7	2	3	-
5,000-5,999	8	13%	3	2	3	-
6,000-6,999	5	8%	5	-	-	-
7,000-7,999	1	1%	1	-	-	-
8,000-8,999	-	-	-	-	-	-
9,000-9,999	1	1%	1	-	-	-
10,000-11,999	3	5%	2	-	-	-
12,000 & over	-	-	-	-	-	-
Median	$3,900		4,500	3,083	4,666	3,250

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TABLE III

Primary Languages Spoken in Mexican-American Households
Idaho 1973

Percentage of time spoken	Mexican-American			
	Permanent		Migrant	
	Spanish	English	Spanish	English
0%				
25%				
50%	10		4	
75%	10	4	9	
100%	6	1	4	2
TOTAL	26	5	17	2
% of Families	84%	16%	89%	11%
Percentage of an average household able to speak English fluently	63%		59%	

TABLE IV

Age and Educational Level of Parents
Who are Members of a Minority Group
With Children Under the Age of Six Idaho 1973

Age by sex	Total	Percent	Mexican-American				American Indian		Black	
			Permanent		Migrant					
			M	F	M	F	M	F	M	F
19 & under	7	6%	1	4	-	-	-	-		
20-24	22	19%	3	7	2	2	2	5	-	1
25-29	32	28%	8	9	4	5	3	3	-	-
30-34	12	10%	3	3	2	3	-	1	-	-
35-39	13	11%	5	1	1	3	2	1	-	-
40-44	14	12%	3	5	3	3	-	-	-	-
45-49	7	6%	-	1	3	1	1	-	-	1
50-54	7	6%	3	1	2	-	-	-	-	1
55-59	1	1%	1	-	-	-	-	-	-	-
60 & over	1	1%	1	-	-	-	-	-	-	-
Median Age			33	27	37	31	28	24	-	47
Years of school completed by sex										
0	12	10%	5	2	2	2	1	-	-	-
1-6	37	32%	8	7	10	11	-	-	-	1
7-8	20	17%	3	8	3	2	2	1	-	1
9-12	44	38%	10	13	2	4	5	9	-	1
1-4 years college	3	2%	2	1	-	-	-	-	-	-
Median years			8	8	4	4	10	10	-	8

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TABLE V

Occupation of Household Members
From Families of a Minority Group.
Idaho 1973

Household Members	Blue Collar	Farm Worker	Service Worker	Housewife	Unemployed
All Minorities					
Head of Household	24	26	3	5	5
Percent (N=63)	38%	41%	5%	8%	8%
Spouse	4	16	4	28	-
Percent (N=52)	8%	31%	8%	54%	-
Other Adults	-	-	1	4	4
Percent (N=9)	-	-	11%	44%	44%
Children (7-18)	2	30	-	-	-
Percent (N=129)	2%	23%	-	-	-
Mexican-American Permanent					
Head of Household*	14	9	2	2	4
Spouse	4	6	2	16	-
Other Adults	-	-	1	2	4
Children (7-18)	2	10	-	-	-
Mexican-American Migrant					
Head of Household*	3	16	-	-	-
Spouse	-	10	-	7	-
Other Adults	-	-	-	-	-
Children(7-18)	-	20	-	-	-
American Indian					
Head of Household*	7	1	-	1	1
Spouse	-	-	2	5	-
Other Adults	-	-	-	2	-
Children (7-18)	-	-	-	-	-
Black					
Head of Household*	-	-	1	2	-
Spouse	-	-	-	-	-
Other Adults	-	-	-	-	-
Children (7-18)	-	-	-	-	-

*Head of household includes both male and female.

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TABLE VI

Number of Months Employed in Idaho for
Each Household Member of a Minority Family.
1973

	Percent of Total	Median No. Months Employed	Months Employed												
			0	1	2	3	4	5	6	7	8	9	10	11	12
Total															
Head of Household	80%	7	12	-	2	1	4	4	14	5	2	1	2	-	17
Spouse	58%	5	27	-	2	4	6	1	4	1	2	2	1	-	4
Other Adults	22%	3	7	-	-	1	-	-	-	-	-	-	-	-	1
Children (7-18)	29%	3	77	4	4	20	1	-	-	-	-	-	-	-	2
Mexican-American Permanent															
Head of Household	77%	9	8	-	1	1	-	1	6	1	1	1	1	-	10
Spouse	38%	5	16	-	-	3	2	-	2	-	1	-	1	-	3
Other Adults	28%	3	5	-	-	1	-	-	-	-	-	-	-	-	1
Children (7-18)	22%	3	41	4	-	5	-	-	-	-	-	-	-	-	2
Mexican-American Migrant*															
Head of Household	100%	6	-	-	1	-	4	1	6	4	1	-	-	-	2
Spouse	71%	4	5	-	2	1	4	1	2	1	-	1	-	-	-
Other Adults	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Children (7-18)	36%	3	36	-	4	15	1	-	-	-	-	-	-	-	-
American Indian														-	
Head of Household	80%	12	2	-	-	-	-	1	1	-	-	-	1	-	5
Spouse	25%	9	6	-	-	-	-	-	-	-	-	1	-	-	1
Other Adults	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-
Children (7-18)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Black															
Head of Household	33%	3	2	-	-	-	-	1	-	-	-	-	-	-	-
Spouse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Adults	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Children (7-18)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

*Number of months in Idaho

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TABLE VII

Housing Characteristics of Minority Families With Children Under the Age of Six.
Idaho 1973

	Total	Percent of Total	Mexican-American		American Indian	Black
			Permanent	Migrant		
Rent	40	63%	16	18	3	3
$25 & under	6	9%	2	4	-	-
$26-35	2	3%	1	-	1	-
$36-45	5	7%	-	5	-	-
$46-55	7	11%	5	-	1	1
$56-65	5	7%	3	2	-	-
$66-75	11	17%	2	6	1	2
$75 & over	4	6%	3	1	-	-
Own	21	33%	14	-	7	-
Furnished with job	1	1%	-	1	-	-
Living with relative	1	1%	1	-	-	-
Type of Structure						
Trailer	6	10%	2	-	4	-
Detached single Family house	26	41%	16	1	6	3
Not detached single family house	4	6%	3	1	-	-
Apartment in partly commercial structure	-	-	-	-	-	-
Labor Camp	18	28%	2	16	-	-
Detached 2-4 Family house	9	15%	8	1	-	-
Inadequate Plumbing Facilities	18	28%	4	10	2	2
Inadequate Kitchen Facilities	13	20%	2	9	2	-
Inadequate play area - inside	16	25%	5	6	4	1
Inadequate play area - outside	16	25%	7	5	3	1
Safety Hazard Inside	1	1%	1	-	-	-
Safety hazard outside	22	34%	11	7	3	1
Home near hazardous environment	4	6%	-	-	-	-

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TABLE VII

(continued)

	Total	Percent of Total	Mexican-American		American Indian	Black
			Permanent	Migrant		
Density: Persons per Room						
1.00 or less	19	30%	10	3	4	2
1.01-2.00	27	43%	17	5	4	1
2.01-3.00	8	12%	4	2	2	-
3.01-4.00	2	3%	-	2	-	-
4.01-5.00	3	5%	-	3	-	-
5.01-6.00	2	3%	-	2	-	-
6.01 or more	2	3%	-	2	-	-

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TABLE VIII

Frequency of Medical Problems and Handicapping Conditions present in Minority Children Under the Age of Six.
Idaho 1973

	Total	Percent Total	Mexican-American		American Indian	Black
			Permanent	Migrant		
Past Illnesses						
Pneumonia	4	4%	-	-	3	1
Recurrent otitis Media	1	1%	1	-	-	-
Past visual problem	-	-	-	-	-	-
Rubella	13	13%	2	7	3	1
Rubeola	15	15%	13	2	-	-
Mumps	14	14%	8	6	-	-
Chicken Pox	26	26%	15	10	1	-
Sickle-cell anemia	-	-	-	-	-	-
Tonsillectomy	6	6%	6	-	-	-
Appendectomy	-	-	-	-	-	-
Severe accidents	-	-	-	-	-	-
Other	1	1%	1	-	-	-
Handicapping Conditions Present						
Speech	-	-	-	-	-	-
M.R.	-	-	-	-	-	-
Visual	-	-	-	-	-	-
Auditory	-	-	-	-	-	-
Seizures	-	-	-	-	-	-
Orthodontic	-	-	-	-	-	-
Orthopedic	-	-	-	-	-	-
Heart	2	2%	2	-	-	-
Cerebral Palsy	-	-	-	-	-	-
Potential learning disability	-	-	-	-	-	-
Cleft Palate	-	-	-	-	-	-
Other	2	2%	1	-	1	-

continued.....

TABLE VIII

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continued.....

	Total	Percent Total	Mexican-American Permanent	Mexican-American Migrant	American Indian	Black
Unexplained weight loss	1	1%	1	-	-	-
Eating problems	14	14%	6	7	-	1
Unexplained fatigue	-	-	-	-	-	-
Running ear- watery, bloody, pus	8	8%	4	1	1	2
Poor vision- either for distance or close work	1	1%	1	-	-	-
Headaches*	5	5%	3	1	-	1
Toothache or unable to chew food	2	2%	1	1	-	-
Skin rash*	1	1%	-	1	-	-
Chest pains*	-	-	-	-	-	-
Cough*	1	1%	-	-	-	1
Severe shortness of breath	-	-	-	-	-	-
Coughing up or spitting blood	-	-	-	-	-	-
Backache*	-	-	-	-	-	-
Joint pains*	1%	1%	-	1	-	-
Open sores that do not heal	1	1%	-	1	-	-
Vomitting*	-	-	-	-	-	-
Stomach pains*	1	1%	1	-	-	-
Hernia or wearing of truss	1	1%	1	-	-	-
Fainting spells	-	-	-	-	-	-
Stuttering, Nervous breakdown	-	-	-	-	-	-
Convulsions	1	1%	-	-	1	-
Accidental injuries	-	-	-	-	-	-
Other	3	3%	2	-	-	1
TOTAL All medical problems	41	33%	20	13	2	6
TOTAL Chronic medical problems	21	17%	10	5	1	5

*Persistent or repeated

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TABLE IX

Frequency of Minority Children Under the Age of Six Lagging in Development By Sex. Idaho 1973

	Total Number Assessed	Social		Informative		Language	
		Lag	Ahead	Lag	ahead	Lag	Ahead
TOTAL							
Male	46	2	-	6	2	11	-
Female	41	3	5	5	4	10	1
Percent of total							
Male	100%	4%	-	13%	4%	24%	-
Female	100%	7%	12%	12%	10%	24%	2%
Mexican-American Permanent							
Male	17	2	-	1	2	2	-
Female	25	2	4	3	2	6	1
Mexican-American Migrant							
Male	17	-	-	1	-	6	-
Female	11	1	1	1	2	2	-
American Indian							
Male	9	-	-	3	-	2	-
Female	4	-	-	1	-	1	-
Black							
Male	3	-	-	1	-	1	-
Female	1	-	-	-	-	1	-

TABLE X

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Utilization and Availability of Health Care Services to Minority Families with Children Under the Age of Six.
Idaho 1973

	Total	Percent Total	Mexican-American Permanent	Mexican-American Migrant	American Indian	Black
Pediatrician						
Families using*	4	6%	4	-	-	-
Bilingual staff**	-	-	-	-	-	-
10 miles travel***	2	50%	2	-	-	-
Family Doctor[a]						
Families using	39	62%	21	12	5	1
Bilingual staff	8	24%	6	2	-	-
10 miles travel	12	31%	6	5	1	-
Public Health Office						
Families using	10	16%	5	2	3	-
Bilingual staff	3	43%	2	1	-	-
10 miles travel	2	20%	1	-	1	-
Community Health Center						
Families using	9	14%	4	3	2	-
Bilingual staff	4	57%	2	2	-	-
10 miles travel	-	-	-	-	-	-
Head Start						
Families using	11	17%	8	1	1	1
Bilingual staff	3	33%	3	-	-	-
10 miles travel	2	18%	1	-	1	-
Other						
Families using	6	6%	-	2	2	2
Bilingual staff	1	50%	-	1	-	-
10 miles travel	2	33%	-	-	1	1
No. of families using no health care services	5	8%	2	3	-	-

TABLE X

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continued.....

	Total	Percent Total	Mexican-American Permanent	Mexican-American Migrant	American Indian	Black
No. of families who do not take children to doctor as often as they would like to	28	44%	16	9	1	2
Reasons given:						
Too far	1	2%	-	-	-	1
Too much trouble	-	-	-	-	-	-
Not enough time	-	-	-	-	-	-
Cost	8	19%	5	2	-	1
Language barrier	-	-	-	-	-	-
Other	2	5%	2	-	-	-
Only when sick	31	74%	15	11	5	-
No. of children refused health services	5	8%	4	1	-	-
From hospital	-	-	-	-	-	-
From Doctor	4	80%	3	1	-	-
From Public health	1	20%	1	-	-	-
Number of families dissatisfied with the kind of health care available to them	11	17%	5	4	2	-
No. children (3-6) that visited a dentist in last year	39 (N=86)	45%	18 (N=45)	13 (N=25)	6 (N=13)	2 (N=3)
No. children (4-6) that visited optometrist in last year	23 (N=67)	34%	10 (N=34)	8 (N=19)	3 (N=11)	2 (N=3)
No. of mothers reporting at least one miscarriage	9	14%	6	2	1	-

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TABLE X

continued.....

Percent of time that child utilizes car seat or safety belt	Total	Percent total	Mexican-American		American Indian	Black
			Permanent	Migrant		
None	78	82%	39	25	13	2
25%	2	2%	-	1	-	1
50%	-	-	-	-	-	-
75%	10	11%	7	3	-	-
100%	5	5%	3	-	2	-

* Number of families using the services of a pediatrician

** Number of pediatricians having a bilingual staff member (figured for Mexican-Americans only)

*** Number of families having to travel 10 miles or more for services

a Includes doctors in both Community and Public Health Clinics

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TABLE XI

Knowledge of Health Care Facilities
Available to Families of a Minority
Group
Idaho 1973

Types of health care known about	Total	Percent Total	Mexican-American		American Indian	Black
			Permanent	Migrant		
Immunization						
Private Physician	8	13%	7	1	-	-
Public Health	26	41%	16	7	2	1
Community health clinic	5	8%	4	1	-	-
Head Start	5	8%	4	1	-	-
Other	11	17%	-	4	6	1
Don't Know	15	24%	6	7	1	1
Family Planning						
Physician	12	20%	7	3	2	-
Public Clinic	16	25%	10	5	-	1
Planned Parenthood	2	3%	2	-	-	-
Church	-	-	-	-	-	-
Other	6	9%	1	-	3	2
Don't need or want	4	6%	2	1	1	-
Don't know	31	49%	14	10	6	1
Friend	-	-	-	-	-	-

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TABLE XII

Knowledge and Utilization of Public Services
Available to Families of a Minority Group With
Children Under the Age of Six
Idaho 1973

	All Minorities		Mexican-American				American Indian		Black	
			Permanent		Migrant					
Public agency used:	% using	% dissatisfied	# using	# dissatisfied	# using	# dissatisfied	#using	# dissatisfied	# using	# dissatisfied
Health Services	16%	-	7	-	-	-	3	-	-	-
Welfare Services	44%	46%	11	5	7	6	6	-	4	2
Head Start	16%	20%	8	2	-	-	1	-	1	-
Other (IMC, Soc. Sec., V.A.)	9%	4%	4	2	1	-	1	-	1	1

continued.....

TABLE XII

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continued.....

	All Minorities		Mexican-American		American Indian	Black
	# Families	% Families	Permanent	Migrant		
Number families not knowing qualifications or procedures for obtaining health and welfare services	17	27%	7	6	4	-
Services for preschoolers that parents know of:						
Head Start	23	37%	13	-	8	2
IMC Head Start (or day care)	17	27%	5	12	-	-
KIndergarten	9	14%	3	2	4	-
Public day care	7	11%	4	-	2	1
Well baby clinics	2	3%	1	-	1	-
Public health clinics	1	2%	1	-	-	-
Church school	3	5%	-	3	-	-
Recreation centers	2	4%	2	-	-	-
None available	9	14%	5	4	-	-
Services that parents would like to see available:						
Head Start	6	10%	2	3	-	1
Public Kindergarten	10	16%	9	1	-	-
Public day care	14	22%	7	5	1	1
Comm. health clinics	1	2%	-	1	-	-
Family planning	1	2%	-	1	-	-
Preschool Screening	1	2%	-	-	-	1

continued.....

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TABLE XII

continued.....

	All Minorities		Mexican-American		American Indian	Black
	# Families	% Families	Permanent	Migrant		
public Transportation	3	5%	2	-	-	1
Recreation Centers	1	2%	1	-	-	-
Don't know of any that they want	20	32%	-	10	9	1

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TABLE XIII

Types of Child Care Arrangements utilized by Minority Families while Employed and/or During Leisure Activities
Idaho 1973

Type	# Total	% Using	Mexican-American Permanent	Mexican-American Migrant	American Indian	Black
Take children with us:						
Employment	7	15%	2	5	-	-
Leisure	3	14%	1	2	-	-
Take care of self:						
Employment	9	19%	3	5	1	-
Leisure	1	5%	1	-	-	-
Sibling care:						
Employment	3	6%	2	1	-	-
Leisure	2	9%	1	-	-	1
Relative or friend living with family*:						
Employment	9	19%	5	4		-
Leisure	8	36%	5	-	2	1
Relative or friend from outside*:						
Employment	5	10%	2	1	1	1
Leisure	4	18%	1	1	2	-
Hired sitter in own home :						
Employment	5	10%	4	1	-	-
Leisure	2	9%	1	-	-	1
Hired sitter outside home:						
Employment	2	4%	2	-	-	-
Leisure	2	9%	2	-	-	-
Group day care home:						
Employment	-	-	-	-	-	-
Leisure	-	-	-	-	-	-

continued.....

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TABLE XIII

continued.....

Type	# Total	% Using	Mexican-American Permanent	Mexican-American Migrant	American Indian	Black
Head Start:						
Employment	1	2%	1	-	-	-
Leisure	-	-	-	-	-	-
Day Care Center :						
Employment	7	15%	3	4	-	-
Leisure	-	-	-	-	-	-
*Relationship to child :						
Grandparents	9	39%	3	3	2	1
Aunts & uncles	10	43%	6	2	2	-
Friends and neighbors	1	4%	1	-	-	-
Cousins	1	4%	-	1	-	-
Father	2	9%	2	-	-	-

TABLE XIV

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Types of Food Eaten by Children Under the Age of Six From Minority Families
Idaho 1973

Type of Food	NUMBER OF CHILDREN					
	Total # (N=58)	Percent	Mexican-American Permanent (N=26)	Mexican-American Migrant (N=19)	American Indian (N=10)	Black (N=3)
Milk:	48	83%	23	15	7	3
Cow, homo & nonfat	48	83%	23	15	7	3
Formula	2	3%	2	-	-	-
Protein-rich foods:	57	98%	26	18	10	3
Eggs	41	71%	18	15	7	1
Beef	34	59%	16	10	6	2
Poultry	16	28%	8	7	-	1
Cheddar cheese	7	12%	2	3	2	-
Fish	4	7%	2	-	2	-
Beans, pinto	27	47%	17	10	-	-
Strained meat w/vegs.	3	5%	2	-	1	-
Luncheon meats	9	16%	6	1	1	1
Pork	14	24%	6	4	3	1
Peanut butter	4	7%	2	-	1	1
Cottage cheese	1	2%	-	1	-	-
Bread & Cereal:	55	95%	25	17	10	3
Cereal, dry	22	38%	12	5	2	3
Potato, irish	27	47%	15	8	4	-
Rice	17	29%	8	6	2	1
Infant cereal	2	3%	1	-	1	-
Bread, white	33	57%	13	8	9	3
Tortillas, corn	1	2%	-	1	-	-
Saltines	3	5%	1	-	2	-
Tortillas, flour	15	26%	12	2	1	-
Pancakes	5	9%	3	-	2	-
Cereal, cooked	6	10%	1	2	3	-
Noodles	9	16%	5	2	1	1
Fruit:	22	38%	13	5	3	1
Banana, fresh	3	5%	2	1	-	-
Orange juice	11	19%	7	-	3	1
Orange, fresh	-	-	-	-	-	-
Banana	2	3%	2	-	-	-
Watermelon	2	3%	2	-	-	-
Raisins	-	-	-	-	-	-
Peach, fresh	-	-	-	-	-	-
Fruit dessert	2	3%	-	2	-	-
Apples, fresh	4	7%	2	-	2	-
Peaches, canned	-	-	-	-	-	-
Grapes	1	2%	1	-	-	-
Grapefruit-pineapple juice	1	2%	1	-	-	-
Fruit juice mixed	1	2%	-	1	-	-
Fruit, canned	1	2%	-	1	-	-

TABLE XIV

BEST COPY AVAILABLE

continued.....

Type of Food	NUMBER OF CHILDREN					
	Total # (N=58)	Percent	Mexican-American Permanent (N=26)	Mexican-American Migrant (N=19)	American Indian (N=10)	black (N=3)
Vegetable:	33	57%	17	7	6	3
Vegetables, stewed	6	10%	1	2	1	2
Tomato, fresh	4	7%	1	3	-	-
Tomato sauce	8	14%	6	-	2	-
Tomato, canned	2	3%	1	-	-	1
Vegetable soup	7	12%	6	-	1	-
Celery	-	-	-	-	-	-
Lettuce	8	14%	4	2	1	1
Radishes	-	-	-	-	-	-
Tomato juice	-	-	-	-	-	-
Mixed vegetables	4	7%	-	2	2	-
Corn	2	3%	2	-	-	-
Green salad	-	-	-	-	-	-
Carrots	-	-	-	-	-	-
Carrots, fresh	2	3%	1	1	-	-
Beans, green	4	7%	2	1	1	-
Avocado	1	2%	-	1	-	-
Mushrooms	1	2%	1	-	-	-
Miscellaneous:	46	79%	17	17	10	2
Kool aid	19	33%	9	5	5	-
Tang	4	7%	3	1	-	-
Soda Pop	13	22%	5	3	5	-
cookies, candy cake	28	48%	12	9	6	1
Milk shakes, ice cream	4	7%	2	-	1	1
Eats at school or day care (don't know what the child ate	4	7%	1	3	-	-
Vitamins:						
None	44	76%	19	16	8	1
Vitamins	13	22%	6	3	2	2
Iron	-	-	-	-	-	-
Vitamins & Iron	1	2%	1	-	-	-